

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 • (217) 782-2829

PAT QUINN, GOVERNOR

LISA BONNETT, DIRECTOR

847-608-3131 FAX: 847-608-3139

November 17, 2014

Stateville Correctional Center Public Water Supply c/o Mr. J. Louch, Acting Chief Engineer P.O. Box 112 Joliet, Illinois 60434

Re:

Stateville Correctional Center – IL1977910 2014 Public Water Supply Inspection Report

Dear Mr. Louch:

This letter is in response to your November 6, 2014 letter responding to our recent sanitary survey conducted on September 26, 2014.

We acknowledge that Stateville PWS has immediately corrected the low chlorine residual in your drinking water supply and taken proper measures to adequately respond if such an incident occurs in the future.

We understand that Stateville PWS has already approved cross-connection ordinance and are committed to perform the annual in-house RPZ testing within the next 180 days. However, if this corrective action is not completed by the committed timeline, the Illinois Environmental Protection Agency may issue a formal violation notice pursuant to Section 31(a)(1) of the Act.

I take this opportunity to thank you for your response to our letter. If you have additional questions or comments, please contact me at 847-608-3131.

Sincerely,

 $\zeta_{i}\mathcal{N}_{i}$

Shibu Vazha, Environmental Protection Engineer Elgin Regional Office, Division of Public Water Supplies

Illinois Environmental Protection Agency

cc: Marcus Hardy, Warden

Joh RV dz

Michael Studer, Water Supply Operator

Elgin File



Pat Quinn Governor

S. A. Godinez
Director

Stateville Correctional Center Route 53, P.O. Box 112 Joliet, IL 60434

Telephone: (815) 727 -3607 TDD: (800) 526-0844

MEMORANDUM

Date:

November 6th 2014

To:

Shibu Vazha

Environmental protection Engineer

From:

J. Louch

Act. Chief Engineer

SUBJECT:

Response Attachment "A" Violations and Deficiencies

Sir,

Corrective Action

- A. Some of the free chlorine residual on multiple reports were below 0.2 mg/l.
- B. Conversation with Stationary Engineer resulted in better communication with water provider (City Of Crest Hill) and closer monitoring of chlorine residuals immediatly. (MACK Selfest)
- A. Statville Correctional Center does not have a cross –connection program
- B. The facility adminastration has approved a cross connection policy and our in house certified plumbers will be conducting the annual testing of the RPZ devices and maintain records within the next 180 days.



NOV 1 0 2014

Division of Public Water Supplies State of Illinois Environmental Protection Agency





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847-608-3131 FAX: 847-608-3139

October 16, 2014

Stateville Correctional Center Public Water Supply c/o Mr. Marcus Hardy, Warden P.O. Box 112 Joliet, Illinois 60434

Re:

Stateville Correctional Center – IL1977910 2014 Public Water Supply Inspection Report

Dear Mr. Hardy:

An engineering evaluation of the **Stateville Correctional Center** water supply has been completed. Field inspection was made on September 26, 2014 by Mr. Shibu Vazha of this office. Mr. Michael Studer was present during this inspection.

The Illinois Environmental Protection Agency conducts periodic inspections of all community water supplies to determine if their ongoing programs for monitoring, maintaining the water supply, and providing appropriate information to the water users meet the requirements of the Illinois Pollution Control Board's public water supply regulations and related standards. The reason for this work is that if the people in a community are to cooperate and use a common water supply, they must feel that their system is properly constructed, operated and maintained.

Aspects of the water system that may not comply with current standards or regulatory requirements are detailed in attachment "A" of this letter. Please respond to these findings in writing within 30 days. Your response should describe the steps that have been, or will be taken, including an estimated date of completion (not to exceed 180 days), to correct these deficiencies.

This letter is NOT a violation notice as specified in Section 31(a)(1) of the Illinois Environmental Protection Act (415 ILCS 5/31(a)(1). However, if an acceptable response is not received within 30 days, the Illinois Environmental Protection Agency may issue a formal violation notice pursuant to Section 31(a)(1) of the Act.

Stateville Correctional Certer - IL 197-7910 October 16, 2014

The Illinois Pollution Control Board Regulations can be downloaded from the internet at www.ipcb.state.il.us. The Recommended Standards for Water Works is available from Health Education Services, P.O. Box 7126, Albany, New York, 12224. (Phone 518-439-7286 / FAX 518 - 439-7022). This document may also be purchased through the internet at www.hes.org.

We also request that you review the enclosed "Public Water Supply Data Sheets". Monitoring requirements are determined by the information included on these data sheets, making it vital that you inform us of any errors or other inaccuracies.

We appreciate the cooperation and courtesy extended during this survey. Questions or comments regarding this evaluation should be directed to Shibu Vazha at 847-608-3137.

Very truly yours,

Segundo Nallatan, P.E.

Regional Manager

Division of Public Water Supplies

Illinois Environmental Protection Agency

Environmental Protection Engineer

cc: Michael Studer, Operator, 1330 Elm Drive, New Lenox, IL 60451

Will County Health Department

Illinois State Water Survey

ATTACHMENT "A" VIOLATIONS AND DEFICIENCIES

The current evaluation of your community water supply indicates that the following conditions appear to violate Title IV of the Illinois Environmental Protection Act 415 ILCS 5/1-57.17 (1999) (The Act), 35 Illinois Administrative Code (35 IAC), the Recommended Standards for Water Works (1982) (Standards) and related standards. A written response outlining corrective action is required to be submitted to this office within 30 days.

1) Technical Capacity - Low Chlorine Residual in the Distribution plus residuals reported were low in many MORs:

Some of the free chlorine residual test results reported in multiple monthly operating reports were below 0.2 mg/l. A minimum required free chlorine residual of 0.2 mg/l or a combined chlorine residual of 0.5 mg/l (total minus free chlorine results) must be maintained in all active parts of the distribution system at all times. Your supply is not in compliance with this requirement. Areas where low chlorine is detected should be flushed frequently, and/or the chlorine feed rate from the parent supply should be increased to maintain adequate chlorine residual. A free chlorine residual of 0.5 mg/l or greater is recommended. (We also like to note that both total and free chlorine residuals taken at the maintenance garage during the inspection yielded 0.1 mg/l and free chlorine residual measured at the water tower yielded 0.13 mg/l.

(The Act, Sections 17 and 18; and 35 IAC Section 653.604(a))

2) Managerial Capacity - Cross-Connection Control Program not Approved:

Stateville Correctional Center does not have a cross connection control program approved by Illinois EPA.

- a) Please send a copy of the cross-connection control ordinance and summary outline of your cross connection control program to Dave McMillan, IEPA-BOW-PWS-FOS, 1021 North Grand Avenue East, P.O. Box 19276, Springfield, IL 62794-9276 for Illinois EPA review and approval. (Guidance material attached).
- b) Your facility does not have commercial, Industrial and residential backflow devices. But as part of the cross-connection program requirement, the facility must monitor and test all the backflow devices within the premises of your compound on an annual basis by a licensed plumber who holds a Cross Connection Control Device Inspection certificate. RPZ backflow devices must be tested annually, and the facility must maintain records of all tests and locations of all RPZ type backflow devices (including external and internal installations). Develop and implement a plan to address the above cross-connection control program deficiencies.

(The Act, Section 18; and 35 IAC, Sections 653.801 and 653.802)

Illinois Environmental Protection Agency

Bureau of Water - Division of Public Water Supplies
Inspection Report - Elgin Regional Office

FACILITY	NAME	Sta	ateville Correctional C	enter	FACILITY NUMBER IL1977910					
PLANT P	HONE		815-727-3607, x-656	7		COUNTY	Will			
INSPECT DATE			September 26, 2014	1	INSP	INSPECTED BY: Shibu Vazha				
	SEND	CORR	ESPONDENCE TO		E	XEMPTION /	LABORATORY F	EE STATUS		
NAM	E OR E	NTITY	Marcus Hardy	/	CHIC	ORINE (Date)	No e	xemption		
	ADD	RESS	P.O. Box 112			DKINE (Date)		·		
CITY	′, STAT	E, ZIP	Joliet, Illinois 60	PARTIC	LAB FEE Yes PARTICIPANT (Y/N)					
			C	ONTACT	INFORMA	TION				
	TIFIED RATOR		Michael Stude	er	CLASS	В	NUMBER	NA		
	PH	IONE:	815-727-3607, x-	FAX:		815-727-4322				
	P.A	GER:	None	OTHER:		E-mail: none				
RESPO	OWNER - RESPONSIBLE PERSONNEL		Marcus Hardy		TITLE O	R POSITION	W	/arden		
	PHONE:		NA		FAX:		NA			
OTHER	OTHER CONTACTS		NAME	TI	TLE OR PO	OSITION	PHONE			
		None								
HOME PAG	SE ADD	RESS				None				
	FACILITY STATUS									
Open	K I	tical view	Restricted Status	Reason				Date		
			BRIEF DESCRIP	TION OF	SYSTEM A	AND SERVICE	E AREA			

Stateville Correctional Center PWS is located in Crest Hill, a northwestern Village of Will County, Illinois. This PWS has 18 service connections (buildings) serving approximately 3,500 prisoners and staffs.

Primary source of water for this facility is treated ground water obtained under direct pressure from Crest Hill through CC05. A 750K gallon elevated tank floats on this system. This facility does not provide any treatment. The total and free chlorine residuals taken at the maintenance garage during the inspection yielded 0.1 mg/l and free chlorine residual measured at the water tower yielded 0.13 mg/l.

This facility also has an emergency interconnection (ground water) with Crest Hill. The facility has a sanitary sewer system. The facility's water distribution system consists of 1,500 ft of ductile iron water distribution mains (12-inches in diameter).

SERVICE CONNECTIONS	# METERS		
NUMBER OF DIRECT SERVICES	18	50% r	netered
DIRECT SERVICES OUTSIDE CORPORATE LIMITS			
Residential Customers	NA		
Commercial Customers	NA		
Industrial Customers	NA		
SATELLITE WATER SYSTEMS / INTERCONNECTIONS	FACILITY NUMBER	Source	Customer
Crest Hill (emergency interconnection)	197-0250	х	

1			A	DEC	QUACY	OF SUP	PLY				
DATE RA	FROM	07/14	то	06/14	PLA	NT CAPA (MGD)		1.5 MGD *			
LIMITING FACTOR FOR PLANT CAPACITY * Capacity of CC05.											
ANNUAL PUM	IPAGE (MG)		RAW					IISHED		193.45	
AVERAGE D	AILY (MGD)		RAW				FIN	ISHED	0.	53 MGD	
MAX 30 Day Ave			RAW				FIN	IISHED 0	58 MGD (May & Ju	ne 2014)
P	OPULATION	3,50	0		Е	Stimate	d or Censi	us Data	Е	stimated	
			Ho	w wa			pulation F	~	Provide	d by the fa	cility
AVERAGE DA CAPITA US		151 g/	p/d					nished)	8	.5 hours	- v.m .
			***************************************			Α	uce MAX 3 verage (Fi	nished)	9	.3 hours	
,		CO	NSECU	ITIVI	E CONN	ECTION	N SUMMA	RY			
CC# Location of	1	Source	Statu				Aguifer	Current Production	GWUDI Eval.		vers
Descriptio	n Name	ID	(A, I o	r X)				(MGD)	(DATE)	VOC	soc
Consecutiv CC05 Connection w/ Crest Hi	n Crest Hil	197-7910	Α				Shallow well water	1.5***	NA	NA	NA
Source Use (Disconnected sources, backup	s, pressure f	s the only s rom Crest F	source o	of wa gh C	ater for C05. Th	the supplis facilit	ply. Treate y has no ti	ed ground v eatment.	vater is ol	otained ur	nder direc
(Disconnected sources, backup seasonal use, etc Bacteriological History (Raw	s, pressure f	s the only s rom Crest F	lill throu	gh C	C05. Th	is facilit	y has no ti	ed ground v reatment.	vater is ol	otained ur	nder direct
(Disconnected sources, backup seasonal use, etc Bacteriological	s, pressure fi	rom Crest F	amples	gh C in th	e past 1	ais facilit 2 month Other (y has no to	ed ground veatment.	vater is ol		nder direct
(Disconnected sources, backup seasonal use, etc Bacteriological History (Raw water samples)	All clean d	rom Crest F istribution s tant Used	amples Fluo	gh C in th oridatical	e past 1	is facilit 2 month Other (y has no ti ns. Chemical dition	ed ground veatment.	Other Tr	eatment	nder direct
(Disconnected sources, backup seasonal use, etc Bacteriological History (Raw	All clean d	istribution s	amples Fluo Chem	gh C in th oridat lical None	e past 1	2 month Other (y has no to	eatment.	Other Tr No	eatment ne	
(Disconnected sources, backup seasonal use, etc Bacteriological History (Raw water samples)	All clean d Disinfec No 1) Cross-c	istribution s tant Used one Ins	amples Fluo Chem Natallation ontrol pi	in the ridar ical None Defi	tion Used ciencies	2 month Other (Add	y has no tins. Chemical dition one	eatment.	Other Tr No	eatment ne lition of Pl	
(Disconnected sources, backup seasonal use, etc Bacteriological History (Raw water samples)	All clean d Disinfec No 1) Cross-c 2) Low chle	istribution s tant Used one Ins onnection corine residu	amples Fluo Chem Natallation ontrol plass are	in the ridar ical None Defi	tion Used ciencies	2 month Other (Add	y has no tins. Chemical dition one	eatment.	Other Tr No neral Cond	eatment ne lition of Pl	
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(Disconnected sources, backup seasonal use, etc Bacteriological History (Raw water samples)	All clean d Disinfec No 1) Cross-c 2) Low chle 1) *** Capa 2) This Py consists of	istribution s tant Used one Insonnection corine residu acity of CCC	Fluo Chem Natallation ontrol prais are of the control water of the control of the	in the pridate ical None Defire reported on s	tion Used Ciencies am not a rted in n	2 month Other (Add N pproved nultiple f	y has no to Shemical dition one d by IEPA. MOR's. stem which ily off-line)	Ger	Other Tr No neral Cond	eatment ne lition of Pl	
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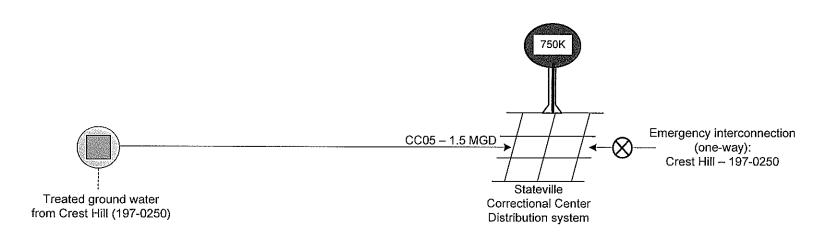
	Service Area / Pressure Zone / Distribution System													
	V	Vater	Source	e(s)									from Waukega	an (CC01)
-	Location or Description									of Service		Vater Storage (Show Capacities)		
	•					,			nections	Ground	Elevated	Hydropneumatic		
State	Stateville Correctional Center Distribution						3,500			18		750K	riyaropricamatic	
			Syste	em				-,000						
Ma		ssure		L	_ocatio		Mii	Pres		m	Loca		Free Chlorine Residual (mg/l)	Location
	63	psi			CC05	•		56	psı		Far end of	the system	0.1 mg/l 0.13 mg/l	Garage Water tower
	Flush	ing F	Prograi	m	Prote	ire ection rided	M	rent ap lable	Vai	lve Ma	aintenance	Program		ther Observations
			2 x	More							No			
Non	e Ye	arly	year	Often	No	Yes	No	Yes	No Va	alves	Program	ОК		
		107.4	х			X		x	17.70	, constant		X**	** Valve performed as maintenance if feasible.	maintenance is needed. Annual is recommended,
							Op	eratin	g Rep	orts /	Records			
									Cont	ent of	Monthly Re	ports		
	hly Re g Subr		⁴∣ Keb	oort for h TAP	Da Produ from W	Each	Daily Measured Residuals Daily Dosage Calculations		S	Notes and Other Observations				
Yes	No	Late	Yes	No	Yes	No	Yes	No	Yes	No				
Х		<u> </u>	X		NA		Х*		NA		* Monthi	y operating	reports are	submitted to this
		. (Cross	Connec	tion co	ontrol	Ordina	ince			office on	a timely b	pasis. But low	chlorine residual
sys	s the tem e an ance	App	Date proved IEPA)			Do I	Private Wells Exist in the Service Area			chlorine Please s	asured in the distribution system plus low orine residuals are reported in multiple MOR's. ase see "Attachment A" for details.			
Yes	No			Yes	No	Υe	es	No			** The s	supply does	snot have a	cross-connection
	X**	app	Not proved EPA**		X**		** The supply does not have a crocontrol program approved by IEPA "Attachment A" for details. *** If any private wells exist in the ser facility should encourage sealing the RPZ installation to prevent backflow annual RPZ inspection by certified CO					service area, the them or enforce flow and require		

						Monitori								
	Monitor	ina	Lliston (I	50t 10 Ma		eriological S	Summa	ry		T				
	Monitoring History (Last 12 Months) Raw Finished Distribution			Primary	Ph	Phone		FAX						
Nun	nber of	-												
Sai	mples		0	0	48									
Satis	mber factory		0	0	48	Seconda	ry Lab	 Ph	one	F/	4Χ			
	er Invalid		0	0	0									
I .	mber isfactory		0	0	0							7.750		
	'E. Coli. sitive		0	0	0	Coliform Monitoring Plan Approved		All Major Portions of system included in Plan		Chlorine Residuals taken at Sample Sites		Monitoring Free Residual		
		~=	/40 !!			Yes	No	Yes	No	Yes	No	Yes	No	
	itoring ations	M	/13 e-coli ON VN – ken late	MCL Violations	None	×	111111111111111111111111111111111111111	×		х		х		
					Fluoridation	Summary (Last 12	months)		<u> </u>	I	<u> </u>		
TAP No	No. of Sample	,	Minimu m (mg/l)	Maximum (mg/l)	Average	Violation	s (list m	nonths)	Notes a	and Observations (Fluoridation)				
CC05*						*CC05 has adequate fluoride le because parents supply (Crest provides supplemental fluoridation.							st Hill)	
					istribution B				g					
	D/I	DBF	J		Distribution: Sample sets from 01/11 to 07/14 show TTHM and HAA5 results within the MCLs of 80 ppb and 60 ppb, respectively.									
	-			Dis	Distribution: Sample results from 01/11 to 07/14 show no lead action level (AL) exceedances.									
	Pb	/Cu	ı	a) (me b) (me	Copper: Most recent sample results from May 13-15, 2014 showed no copper AL exceedances. Note: but sampling results in the past showed copper AL exceedances. Copper sampling results from the past 3 years are reported below: a) 08/11: 4 of 20 samples collected exceeded copper action level of 1.3 mg/l (means only 80% of sample set showed compliance). b) 03/12: 1 of 20 samples collected exceeded copper action level of 1.3 mg/l (means 95% of sample set showed compliance - OK). c) 05/12: 1 of 20 samples collected exceeded copper action level of 1.3 mg/l									
				d) (me e) (me f) 0 (me Nov moi san	eans 95% of sans 97.5% of sans 97.5% of 29/13: 4 of 2 eans only 80% 05/14: 3 of 4 eans 92.5% of the supply of the supply of the suppling. If the oppling.	40 samples f sample se 20 samples 6 of sample 60 samples f sample se is on a l 6 months	s collect shows collect set shows the collect shows ead an sampling samplin	oted exceed completed exceed completed exceed exceed completed com	eeded co iance - O eeded co mpliance) eeded co iance - O r samplir s complia	pper act K). pper act pper acti K). ng sched ance, the	ion level ion level ule of o	of 1.3 of 1.3 nce ev	3 mg/l 3 mg/l very 6	

	· · ·	Viability / Financial Management						
Service Fee (Minimum Charge)	NA	Other source(s) of income used to main water system	Yes					
Direct Charge (cost per 1,000 gallons)	NA	Does the Utility have an ACTIVE progensure all customers pay bills?	Yes					
Billing Frequency	NA	Does the utility have a fund to cover major r	epairs?	Yes				
ICC Regulated? (Y/N)	No	Name and phone no. of person respons system repairs.	Michael Studer					
Date of Last Rate Increase	Date of Last Rate Increase NA Name and Phone No. of Person Responsible for Financial Management of the Water System							
		Major Water Supply Concerns express Residents/ Customers.	1	None				
What was the most r	ecent major re	pair or Improvement Involving This Water S	ystem (In	clude Dates)				
All water system infrastructures	remained the	same as in 2011 inspection.	*,,,,,					
Planned, Anticipated or Needed Upgrades and Improvements (Include dates or timeframe if known) Needed Improvements: See "Attachment A" for details.								
Deficienci	es noted in A	ttachment "A" in the last inspection (Jun	e 28, 201	1)				
Defic	ciencies from	last inspection		rected (Yes/No)				
1) Cross connection control pro	ogram not app	proved by IEPA.		No				
2) Missing operating permits.			***************************************	Yes				
3) Cross connection at 750K g	allon elevated	tank.		Yes				
Reminders and Reco	nmendations	noted in Attachment "B" in the last insp	ection (J	une 28, 2011)				
		ations from last inspection	Cor	rected (Yes/No)				
No "Attac	No "Attachment B" items from last inspection NA							

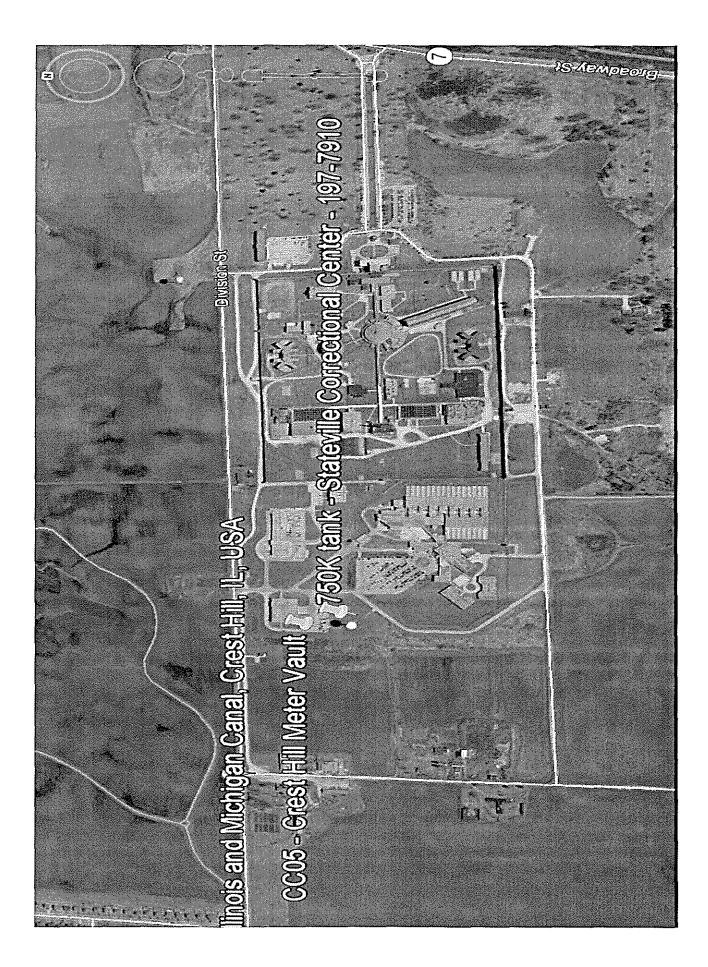
Public Water System Flow Chart Stateville Correctional Center 197-7910 October 16, 2014

Service connections: 18 Population: 3,500



System facts and changes:

- 1) This PWS has a hot water re-circulation system which consists of a water softener on stand-by (currently off-line). But this hot water re-circulation system is removed from flow diagram because it uses a plumbing system separate from the drinking water system and therefore, not part of the PWS.
- 2) The supply does not provide any chemical treatment.



TECHNICAL CAPACITY

TECHNICAL CAPACITY ASSESSMENT	YES	NO	Does not
Record your systems total annual pumpage for the past year: 181,596,000 (_MG)(_gal)		3.91	apply
Record your systems peak day pumpage:			
List amount of water billed or sold to customers (MG) (gal)			
Number of customers / population served / Approx 4,000			
List plant capacity See Crest Hill (_MGD) (_gpd)			
List total well capacity See Crest Hill (MGD) (gpd)			
List plant capacity with largest well or treatment unit out of service			
Is standby/emergency power equipment exercised? Check frequency equipment exercised (X weekly) (_monthly) (_quarterly) (_annual) (_other)			
Can your water system provide uninterrupted water service for 24 hours without electrical power?	X		
Are hydrants routinely flushed and maintained? Flushing frequency:annual \(\chi_{\text{spring}} \) fallas needed \(\chi_{\text{I}} \)	$\perp \times$		
Are the locations of all valves in the distribution system precisely known?		×	
Are all valves periodically exercised and maintained? List exercising frequency		X	
Are locations, size and type of mains and valves detailed on records or maps kept in a secure area?			
Are meter pits and curb stops located, unobstructed and accessible?		7	×
Is the unaccounted-for water less than 15% of the total water delivered to the mains?			1.0
List amount of water unaccounted for: % (check if information is not available)			×
Are all customers, water sources and treatment plants metered?			V
List frequency of meters changed/calibrated			
It your treatment equipment adequate to provide drinking water that meets all drinking water standards?			
MANAGERIAL CAPACITY			
MANAGERIAL CAPACITY ASSESSMENT	YES	NO	N/A
Is there a clear plan of organization and control among the people responsible for management and operation of the water system?	2	X	
Are contingency plans in place for unanticipated loss of key personnel?		X	
Is a written emergency response plan in place and up to date?		Ý	
Are employees and water system officials encouraged to attend conferences and seminars to stay current with Public Water Supply requirements and technology?	X		
Does the utility perform inspections of work performed on the system by outside contractors?	X		
Are construction permits obtained prior to starting water supply projects that require a permit,			
and are operating permits obtained before placing those improvements into service?	X		
Do you maintain copies of all water sample results, operating reports and inspection reports?	X		
Do you have a cross connection control program?		X	
Where are cross connection control survey results and record kept?			
FINANCIAL CAPACITY	Wall Sales		
	ZEC	NO	NT/A
Does your organization have an annual budget for operating and maintaining the water system?	YES	NO	N/A
Are water rates regularly reviewed? Date of last rate increase			
Does your water system generate sufficient revenue to meet estimated expenses during the current and			X
forecasted budget years?			X
Are adequate reserve funds in place to provide for emergency repairs?			X
Can your organization cover the costs of an emergency or failure of its most vulnerable system component? (source / storage / treatment etc?)			
Does your organization have a written 5-year Capital Improvement Plan for major water system improvements?			
Are rates sufficient to meet the costs of the 5-year Capital Improvement Plan?			
Does your organization have adopted procedures for selecting outside contractors and suppliers?			
Public Water Supply Name: Stateville Correctional Center ID: IL1977910 Date: Sept. 22-2014 Prepared by: Michael Stateville Correctional Center ID: IL1977910			

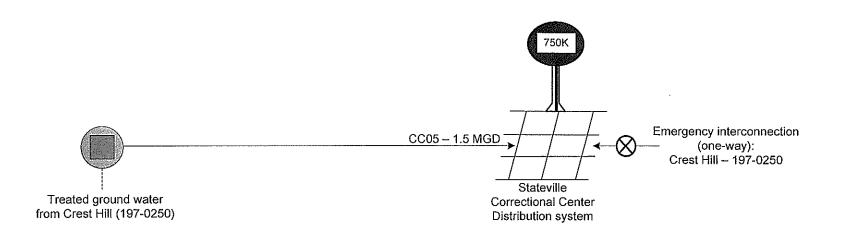
SEP 2 2 2014

Public Water Supply Inspection Questionnaire

Plant phone number	815 727 3607 EXT. 6567
Name of Village Administrator/Mayor/	6.0 10.1 00-1 EAT. 636/
Village President (to receive	
correspondence):	
Title & Address of administrator:	
1) Name of certified operator:	Michael Studer
2) Operator class & number:	
3) Operator phone:	B-5792.4494
4) Operator fax:	815 727-3607 Ext 7566
5) E-mail address (if available):	8157274382
6) Does the operator have an active	
	V01-
contract with the PW facility (Answer	Yes/No
only if a private water supply)?	
Other contact info (name, title & phone	
number):	
1) Number of service connections (total):	2
a) Residential connections:	
b) Commercial (if available):	
c) Industrial (if available):	
d) All connections metered?	
Satellite water system (do not include	
emergency connections):	
Emergency interconnections:	
Population (explain if estimated or from	
census data):	
1) Minimum water charges:	11/0
2) Charge per 1,000 Gal:	M/t
3) Billing frequency:	
Hydrant flushing frequency:	2 times per year spring & fall
Valve maintenance frequency:	
1) Cross-connection program?	Yes/No
2) Approved by IEPA?	Yes/No
3) Date of approval:	
Maximum & minimum system pressures	MAX 63#
& locations:	MINIMUM 56# At base of tower
Water main material, size & length:	
List all elevated tank(s), pressure tank(s)	1 elevated TANK 750,000
and/or ground storage tanks (include each	
tanks capacity & cleaning frequency):	
Sanitary sewers or septic tanks?	
Any private wells in the service area?	NO Yes/No
Is your supply participant of Community	Yes/No
Water Testing or Lab fee program?	YES IEPA Community water Supply testing Program
ICC regulated? (Answer only if a private	Yes/No
water supply)	

Public Water System Flow Chart Stateville Correctional Center 197-7910 June 30, 2011

Service connections: 18 Population: 3,500



System facts and changes:

- 1) This PWS has a hot water re-circulation system which consists of a water softener on stand-by (currently off-line). But this hot water re-circulation system is removed from flow diagram because it uses a plumbing system separate from the drinking water system and therefore, not part of the PWS.
- 2) The supply does not provide any chemical treatment.